

**REQUIREMENTS FOR REPORTING COMPLAINTS &
GREIVANCES RECEIVED BY THE ALABAMA MEDICAID AGENCY**

Intake

**ALABAMA MEDICAID AGENCY
LTC PROGRAM MANAGEMENT UNIT**

**COMPLAINT RELATED
TO DENIAL OF WAIVER
SERVICES**

**COMPLAINT RELATED
TO FINANCIAL
ELIGIBILITY**

**COMPLAINT RELATED TO
PROVIDERS,
WORKERS, OR OPERATING
AGENCY (OA)**

**LONG TERM CARE
ADMISSIONS/RECORDS
UNIT**

**ELDERLY DISABLED
CERTIFICATION
DIVISION DISTRICT
OFFICE**

**LONG TERM CARE
QUALITY ASSURANCE UNIT**

**THE APPROPRIATE STAFF MEMBER WILL REVIEW THE INFORMATION RECEIVED
AND MAKE A DECISION WITHIN SEVEN (7) WORKING DAYS. IF A DECISION
CANNOT BE REACHED, ADDITIONAL INFORMATION WILL BE REQUESTED.**

**RESOLUTION WILL BE REACHED WITHIN SEVEN (7) WORKING DAYS FROM
RECEIPT OF THE ADDITIONAL INFORMATION WITH A RESPONSE DISSEMINATED
TO ALL PARTIES INVOLVED.**

**IF THE INDIVIDUAL IS NOT SATISFIED WITH THE
DECISION MADE BY AMA, ADPH OR ADSS THEY
HAVE THE RIGHT TO REQUEST AN INFORMAL
CONFERENCE WITHIN 30 DAYS FROM THE DATE OF
THE LETTER.**

**IF THE INDIVIDUAL IS NOT SATISFIED WITH THE
INFORMAL CONFERENCE DECISION, THEY HAVE 30
DAYS FROM THE DATE OF THE LETTER TO
REQUEST A FAIR HEARING.**